

# Public Document Pack

## **Late information for 24<sup>th</sup> April 2013 Scrutiny Board (Health and Well-being and Adult Social Care)**

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# Agenda Item 6

## SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

WEDNESDAY, 20TH FEBRUARY, 2013

**PRESENT:** Councillor J Illingworth in the Chair

Councillors P Truswell, G Hussain,  
J Walker, C Fox, S Varley, S Bentley and  
M Robinson

Prior to the commencement of business a minutes silence was observed out of respect for Councillor Armitage who recently passed away.

### **83 Appeals Against Refusal of Inspection of Documents**

There were no appeals against the refusal of inspection of documents.

### **84 Exempt Information - Possible Exclusion of the Press and the Public**

There were no resolutions to exclude the public.

### **85 Late Items**

There were no formal late items added to the agenda however supplementary information was circulated to Members in relation to Agenda Item 10 'Work Schedule – February 2013':

- 1) NHS February 2013 Newsletter – adults Living with Congenital Heart Disease;
- 2) Executive Board Minutes, 15<sup>th</sup> February 2013.

The information was not available at the time of agenda despatch.

### **86 Declaration of Disclosable Pecuniary and other Interests**

Councillor Truswell, Emma Stewart, Joy Fisher, Sally Morgan and Betty Smithson declared an interest in Agenda Item 7 'Local Healthwatch – Healthwatch Leeds, as Members of LINK. (Minute No. 89 refers)

Councillor Illingworth declared an interest in Agenda Item 9, as a member of the National Institute for Clinical Excellence (NICE): Local Government Reference Group. (Minute No. 91 refers)

### **87 Apologies for Absence and Notification of Substitutes**

An apology for absence was received from Councillor Murray.

## 88 Minutes of the Previous Meeting

**RESOLVED** – The minutes of the meeting held on 23<sup>rd</sup> January 2013 were approved as a correct record.

## 89 Local HealthWatch - HealthWatch Leeds

The Head of Scrutiny and Member Development submitted a report updating the Board on the arrangements for establishing a local Healthwatch organisation in Leeds from April 2013.

In attendance to assist Members with their questions were:

- Cllr. Lisa Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Rob Kenyon (Head of Partnerships and Organisational Effectiveness) – Leeds City Council, Adult Social Services
- Janet Somers (Consultation and Involvement Officer) – Leeds City Council, Adult Social Services
- Jess Parker – (Business Development Director) – Touchstone)
- Jagdeep Passan (Chief Executive) – Leeds Involving People
- Jon Beech (Mobilisation Manager) – Touchstone.

Apologies were received from Cllr. Lucinda Yeadon (Executive Board Member for Adult Social Care) due to a prior engagement.

The Chair opened the item by making reference to the key questions previously identified by the Scrutiny Board prior to the procurement process for local HealthWatch. By reference, the Chair identified the following questions as being particularly relevant to the discussion:

- How will you address the challenge of raising awareness of HealthWatch's role?
- How would you plan to develop and grow a "representative" body?
- How will you be inclusive of the "harder to reach/hear" groups?
- How can you demonstrate that you will recruit officers who have a genuine interest in health and social care?
- How will you assure the independence of HealthWatch so that it is able to robustly challenge the Council as a service provider and commissioner?
- How will you determine the priorities of the new body?
- How will you build partnership relationships e.g. with the Scrutiny Board (Health And Wellbeing and Adult Social Care) and (if appropriate) how will you demonstrate skills in complaints advocacy and resource providing support at all stages of a complaint?

The Head of Partnerships and Organisational Effectiveness addressed the Board updating Members on the procurement of local Healthwatch organisation for Leeds (to be known as Healthwatch Leeds). He highlighted the following points:

Draft minutes to be approved at the meeting  
to be held on Wednesday, 24<sup>th</sup> April, 2013

- HealthWatch represented one of many new organisations as a result of the Health and Social Care Act 2012.
- It was a statutory requirement for local authorities to procure HealthWatch.
- The new arrangements provided an exciting but challenging opportunity to build on existing strengths of public and patient involvement and engagement across the City.
- Thanks to all those involved to date in public and patient involvement and engagement across the City.

Reference was also made to some of the difficulties associated with the procurement timescales due to the availability and timing of the release of national guidance. The Head of Partnerships and Organisational Effectiveness closed his opening remarks by thanking Members of the Board for their continued interest and involvement in public and patient involvement and engagement across the City.

It was reported that the Government funding for local HealthWatch had not been 'ring-fenced' but the Council had given a commitment to use the resources for the intended purpose. It was reported that this was not an approach universally adopted across England.

The Board heard from the Business Development Director – Touchstone who outlined the future plans for Healthwatch. Members of the Scrutiny Board were assured about the transition from Leeds Local Involvement Network (LINK) to Healthwatch Leeds was considered a priority. The Scrutiny Board was also informed about the initial work plan for HealthWatch Leeds during the mobilisation period (i.e. prior to 1 April 2013), which included:

- Clarification meetings with the Council.
- Working with existing LINK members and staff.
- Working through Leeds LINK legacy project files.

The Chief Executive (Leeds Involving People) addressed the Board and informed Members that Healthwatch would build on the legacy of LINK and that the focus would be on ensuring the service needs of people are met.

The Mobilisation Manager (Touchstone) informed the Board about how HealthWatch Leeds (as a new organisation) would operate and the values that it would adopt, including:

- Working in collaboration with others.
- Building on the positives from previous work (i.e. the legacy of LINK).
- Being accountable, transparent and specific.
- Providing constructive challenge by using the knowledge, skills and experience of service users.

The Chief Executive (Leeds Involving People) advised that it would be important for HealthWatch Leeds to build, develop and maintain relationships with HealthWatch England and the Care Quality Commission (CQC) in order to help provide constructive, powerful and evidence based challenge.

Members of the Scrutiny Board raised a range of issues and sought assurance across a number of areas, including:

- Failings associated with Mid Staffordshire recently highlighted through the Francis Inquiry report. *In response, it was recognised that it was important for all stakeholders to share information. It was also highlighted that a shift in cultural was needed across organisational boundaries – moving towards more supportive, constructive and non-punitive relationships. Reference was also made to the HealthWatch Leeds Performance Outcomes (detailed in appendix 2 of the report presented to the Scrutiny Board).*
- The essential 'patient champion' role of HealthWatch Leeds and the transition establishing HealthWatch Leeds, from the previous arrangements and structures established through Leeds LINK, *In response, there were some shared concerns about the impact of the nationally driven timescales, but it was reported that the Council and HealthWatch Leeds were well placed for move forward, particularly compared to other arrangements across the region. It was highlighted that priorities would be agreed with the commissioners (i.e. Adult Social Care), however it was also recognised that arrangements would still be in development by 1 April 2013.*
- The relationship between the local HealthWatch and advocacy functions and why the functions were split (in Leeds). *It was highlighted that smaller (local authority) areas had tended to combine the local HealthWatch/ complaints advocacy functions. However, in Leeds, a duty to share information had been built into the arrangements and there would be an early discussion about an information protocol.*
- Coordination of partners' activities across the Touchstone consortium – and associated governance and structural arrangements. Members sought assurance that the complex matrix of involvement with other organisations and groups would be co-ordinated. *In the short-term, it was highlighted that during the mobilisation period, a mapping exercise (around existing/ on-going consultations) would be undertaken. It was also important to work with Leeds LINK in terms of its legacy document in order to help identify immediate priorities. In the longer-term, the aim would be to use the existing network arrangements while attempting to simplify engagement processes and structures.*
- Organisational structure of HealthWatch Leeds. *It was outlined that the budget for HealthWatch Leeds was around £600k / annum, which included a specific allocation for signposting and providing advice to service users. It was highlighted that there was a memorandum of understanding between partners of the consortium, around roles and responsibilities. In terms of organisation structure, it was confirmed that this was stil being finalised – but would include the transfer of 3*

*posts from the former LINK host organisation (Shaw Trust). It was agreed to provide a more detailed outline of the organisational structure to a future meeting of the Scrutiny Board.*

- Key messages to current members of Leeds LINK during the transitional period and beyond. *The involvement and contribution of LINK members and volunteers is valued and a desire for all current LINK members to become involved in the work of HealthWatch Leeds. It was highlighted that the impartiality of HealthWatch Leeds (from service providers) would be a key feature of the organisation.*

## **RESOLVED –**

- (i) That the contents of the report be noted;
- (ii) That a future report be submitted outlining the organisational structure and associated roles within HealthWatch Leeds.

## **90 Public Health transition in Leeds**

The Head of Scrutiny and Member Development submitted a report which provided the Scrutiny Board with an update on the transition and transfer of Public Health responsibilities to Leeds City Council from April 2013.

In attendance to answer Members' questions was:

- Cllr. Lisa Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds / Leeds City Council.

The Joint Director of Public Health – NHS Airedale Bradford & Leeds / Leeds City Council addressed the Board congratulating the Council on the positive reception for NHS staff and services being transferred over from the Primary Care Trust (to be formally abolished on 1 April 2013).

Members of the Board were informed that a number of Public Health services / functions would be formally transferring to the Council from 1 April 2013, including a number of prescribed / mandatory functions, such as:

- Sexual health services
- NHS Health Check programme
- Local authority role in health protection
- Public health advice
- National Child Measurement Programme.

In addition to a number of non-prescribed / discretionary services/ functions, including:

- Obesity
- Physical activity
- Substance misuse (drugs and alcohol)

- Stop smoking services and interventions
- Children 5-19 public health programmes
- Nutrition initiatives.

It was outlined that approximately 90 public health posts, including vacancies, would transfer to the Council from 1 April 2013, along with the responsibility to manage around 100 contracts at an approximate value of £28M.

The Board was also informed of an uplift in Leeds' Public Health grant allocation for 2013/14 and 2014/15, as detailed in Appendix 3 of the report. The Executive Board Member for Health and Wellbeing – Leeds City Council outlined some of the issues associated with the transition for Public Health staff and the Council, but highlighted the significant opportunity this presented to the Council, and specifically the role of Elected Members.

Members queried the different roles of new/ emerging NHS bodies, and it was confirmed that the NHS Commissioning Board (through its local area teams) would take responsibility for commissioning some services previously the responsibility of the Primary Care Trusts – including screening programmes and immunisation/ vaccination.

Members welcomed the opportunity provided by the transfer of Public Health responsibilities to the Council, but were wary of the role of some national NHS bodies and, based on recent experiences, expressed some concern regarding their future operation.

In considering the Council's new Public Health responsibilities, Members also discussed:

- Free access to swimming pools as an example of how the Council could influence participation in physical activity.
- The structure of Public Health staff across the Council. It was confirmed that it was not intended to form a new directorate/ department, with small teams of staff allocated across the Council to help embed public health duties across service areas.
- The shadow / transitional funding to support the transfer of Public Health to the Council. It was confirmed that the allocated resources had been spent / committed.
- Capacity issues. It was confirmed that, during the transition and due to staff movements, a number of vacancies had existed. A commitment was given that vacancies would be filled.
- The role of the Council Contact Centre in directing Public Health enquiries appropriately. It was confirmed the issue of training in this regard was still to be fully resolved.

The Chair thanked the Executive Board (Health and Wellbeing) and the Joint Director of Public Health for their attendance and contribution to the discussion.



**RESOLVED** – That the contents of the report presented at the meeting be noted.

**91 National Institute for Clinical Excellence guidance**

The Head of Scrutiny and Member Development submitted a report which provided an outline of the role of the National Institute for Clinical Excellence (NICE) and the recently published guidance aimed at local authorities.

Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds / Leeds City Council was in attendance.

The Joint Director of Public Health informed the Board that progress has been made and that NICE had appointed a North of England consultant responsible for working with local authorities to help take forward NICE guidance.

The Board discussed the areas where NICE guidance had been produced and noted those areas where guidance was in development.

The Joint Director of Public Health advised that the proposed structure of Public Health staff within the Council would help provide assurances around the use and implementation of NICE guidance across City Priority areas and within relevant service areas.

The Joint Director of Public Health also reported significant developments in terms of understanding the public health agenda, in particular highlighting progress within the City Development Directorate – while acknowledging further work was still required.

Members considered that it would be essential for Council Directorates to work collaboratively to ensure the effective implementation of NICE guidance.

Members also agreed to invite the Chief Executive to a future Board to share his opinions on the role of the Council and discharge of its public health responsibilities.

**RESOLVED** –

- (a) That the report and discussions be noted
- (b) That the Chief Executive be invited to the Board to share his opinions on the role of the Local Authority in managing its public health responsibilities.

**92 Work Schedule - February 2013**

The Head of Scrutiny and Member Development submitted a report which considered the Board's work schedule for the forthcoming municipal year.

The Board discussed undertaking extra work but acknowledged the pressure this would put on already stretched resources, with particular reference to the

work done and coordinated by Leeds City Council in relation to the review of children's heart services in England, and its impact on children and families in Leeds and across Yorkshire and the Humber.

Discussion took place on scrutiny activity around adult social care provision.

The Board agreed that an additional meeting should take place in May to allow the Board to continue aspects of its work programme.

Working group meetings were agreed by the Board as follows:

- 12<sup>th</sup> March 2013 2:30pm to 5:30pm – Maternity Services;
- 20<sup>th</sup> March 2013 11:10am to 12:30pm – CCG; and
- 21<sup>st</sup> March 2013 2pm to 5pm – Visual Impairment.

**RESOLVED –**

- (a) That the work schedule be revised in line with the discussions at the meeting; and
- (b) That an additional meeting of the Board be organised to take place during May 2013.

(Councillor Hyde and Councillor Bentley left at 12:30pm. Councillor Robinson left the meeting at 12:40pm)

**93 Date and Time of the Next Meeting**

Wednesday 27<sup>th</sup> March 2013 at 10.00am in the Civic Hall, Leeds. (Pre meeting for Board Members at 9.30am.)

## **SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)**

**WEDNESDAY, 27TH MARCH, 2013**

**PRESENT:** Councillor J Illingworth in the Chair

Councillors S Bentley, K Bruce, C Fox,  
P Truswell, G Hussain, J Walker, C Fox,  
K Bruce, S Varley, S Bentley, M Robinson  
and C Gruen

### **CO-OPTED MEMBERS:**

Joy Fisher, Leeds LINK  
Sally Morgan, Equality Issues  
Emma Stewart, Alliance of Service Users and Carers

### **94 Chair's Opening Remarks**

The Chair welcomed everyone to the March meeting of the Scrutiny Board (Health and Well-being and Adult Social Care).

He informed the Board that this represented the final Scrutiny Board meeting before Leeds Local Involvement Network would cease to exist as the new structural arrangements for the NHS and wider Health economy come into force on 1<sup>st</sup> April 2013.

On behalf of all members of the Scrutiny Board, the Chair thanked co-opted members Joy Fisher and Betty Smithson, in their capacity as representatives of Leeds LINK, for their valuable contributions to the Board over a number of years.

The Board agreed the both Joy Fisher and Betty Smithson should continue as co-opted members on the Board, as general patient / service user representatives, for the remainder of the 2012/13 municipal year.

### **95 Declaration of Disclosable Pecuniary Interests**

There were no disclosable pecuniary interests declared to the meeting, however, in relation to the item entitled, 'Charges for Non-Residential Adult Social Care Services', Councillor S Varley drew the Board's attention to the fact that she was a Member of the Cross Party Board for the Charging Review. Joy Fisher and Emma Stewart also drew the Board's attention to their roles on the Service Expert Advisory Group involved in the review process. (Minute 98 refers).

## **96 Apologies for Absence and Notification of Substitutes**

Apologies for absence were received on behalf of Councillor T Murray and Betty Smithson, Leeds LINK.

Notification had been received for Councillor C Gruen to substitute for Councillor T Murray.

## **97 Minutes - 20th February 2013**

The Principal Scrutiny Adviser informed the meeting that the minutes of the previous meeting held on 20<sup>th</sup> February 2013 were not available. He apologised for this omission and it was noted that a copy would be submitted to the next meeting for approval.

## **98 Charges for Non-Residential Adult Social Care Services**

The Director of Adult Social Services submitted a report informing the Scrutiny Board of the outcomes of the stakeholder consultation and engagement on the Adult Social Care charging review for non-residential services.

Appended to the report were copies of the following documents for the information/comment of the meeting:

- Adult Social Care – Charging Review for Non-Residential Services 2012/13 – Report on the Consultation and Engagement – March 2013
- Adult Social Care – Charging for Non-Residential Services Feedback Form (Appendix 1 refers)
- Charging Review – Consultation Events Summary (Appendix 2 refers)
- Charging Review 2012 2012 – Feedback Forms Summary (Appendix 3 refers)
- Feedback Form Summary (Appendix 4 refers)
- Charging Review Consultation Feedback – Statistically Significant Variations (Appendix 5 refers).

The following representatives were in attendance and responded to Members' queries and comments:

- Councillor Lucinda Yeadon (Executive Board Member for Adult Social Services) – Leeds City Council
- Sandie Keene (Director of Adult Social Services) – Leeds City Council
- Janet Somers (Consultation and Involvement Officer) – Leeds City Council, Adult Social Services
- Alden Chadwick (Charging Review Project Manager) – Leeds City Council, Adult Social Services.

At the request of the Chair, the Executive Board Member for Adult Social Services presented the report highlighting the following key areas:

- that the consultation had informed the revised charging proposals contained in the Charging Review report to be presented to the Executive Board on 24 April 2013
- that each stage of the consultation process had been discussed at the all-party group
- that service users comments will be included in the Charging Review Report to the Executive Board
- that the report to be considered today details the intensive consultation process
- that it was originally planned to bring the consultation report earlier in the year but the complex processes (particularly around CareRing) took more time than expected.

In summary, specific reference was made to the following areas:

- Clarification of the aims of the CareRing and Telecare Service; Home based Sitting Service and Mental Health Services.
- To congratulate officers in achieving a feedback of 4,000 forms
- Clarification of how CareRing compared with other telecare services provided by private organisations.  
*(The Director of Adult Social Services responded and explained that there are few 3rd sector providers of alarm services – however she knew that Age UK provided a service. She pointed out that we would be looking at the revised charges and charging comparisons at the workshop on 12 April.)*
- Clarification regarding Adult Social Care’s knowledge of service users use of attendance allowance i.e. if they used the allowance to contribute to their charges.  
*(The Director of Adult Social Services responded and explained that attendance allowance is not taken into account in assessing people’s contribution. However, Adult Social Care has no way of requiring people to use their attendance allowance to pay for services.)*
- Concerns that it was unfair that CareRing service users wouldn’t have a financial assessment, because if they did, the majority wouldn’t have to pay anything.  
*(The Director of Adult Social Services responded and explained that most CareRing customers had low or moderate needs and are not required to have a community care assessment.)*
- Clarification of the number of CareRing users affected should the proposals be approved and the concerns expressed that many constituents would not respond to the consultation process so very little savings will be achieved through the proposals.  
*(The Director of Adult Social Services responded and explained that the Government [in deciding allocations to local government] would make assumptions about the levels of income the council made from charging. If the council didn’t charge to bring Leeds in-line with similar authorities the council would face financial penalties.)*
- Clarification if Members had the opportunity to comment on the proposals.

*(The Executive Board Member for Adult Social Services responded and confirmed that final proposals were being worked through and that there was an opportunity to discuss these at the Working Group meeting on 12<sup>th</sup> April 2013 prior to consideration by Executive Board on 24<sup>th</sup> April 2013)*

- Concerns that there were very low returns from people who used the mental health services (particularly the housing support service).  
*(The Director of Adult Social Services responded and explained that some mental health service users had specifically asked ASC not to send them written information and feedback forms. She suggested that given the extensive consultation on the modernisation programme some people felt 'over-consulted'. The Director explained that the charging consultation was running alongside the service consultation and had been discussed at the Mental Health Advisory board. The Consultation and Involvement Officer explained that ASC had attended all the mental health day centres for specific sessions on the proposed charges for mental health services, in addition to drop-in events. Also there was mental health service user representation on the Service Expert Advisory Group where mental health issues were discussed in a very interactive way.)*
- Clarification if the Service Expert Advisory Group and Members Advisory Group were planning to have further meetings.  
*(The Director of Adult Social Services responded and explained that the Advisory Groups would not be meeting again before the Executive Board Meeting.)*
- The concerns expressed that there was no comparative figures included within the report.  
*(The Director of Adult Social Services responded and explained that the benchmarking information was public and would be made available to the Working Group and the Executive Board.)*
- The concerns expressed that the process was late in coming forward and that all charges should be brought to the Scrutiny Board at the start of the process.  
*(The Director of Adult Social Services responded and explained that the submission of all charges to scrutiny would have to be subject to political decisions.)*
- Clarification of what additional income would be raised from the revised CareRing charges.  
*(The Director of Adult Social Services responded and explained that she did not have the detailed information to hand but it was in the range of £0.80m for CareRing with an overall income of £2.3-2.4m. She explained that detailed information will be provided at the workshop on the 12th April.)*
- Clarification of the impact the proposals would have on those people who opted out of the CareRing Service and the concerns raised that the process would become over complicated and put the Council at risk financially.
- The concerns raised that the most vulnerable constituents would have difficulty in completing the feedback forms.

- The concerns raised that the wording of paragraph 5.3 appeared to be contradictory.  
*(The Consultation and Involvement Officer explained that paragraph 5.3 referred to a main issue but it was not raised by the majority of respondents [50% or over].)*

#### **RESOLVED –**

- a) That the contents of the report and appendices be noted.
- b) That the Scrutiny Board notes the outcomes from the stakeholder consultation and engagement activity, associated with the Adult Social Care charging review for non-residential services.
- c) That the above issues raised be discussed further at the Scrutiny Board Working Group on 12<sup>th</sup> April 2013.

### **99 2012/13 Quarter 3 Performance Report**

The Assistant Chief Executive (Customer Access and Performance) submitted a report providing a summary of performance against the strategic priorities relevant to the Health and Well-being and Adult Social Care Scrutiny Board.

Appended to the report were copies of the following documents for the information / comment of the meeting:

- Performance Reports for the Health and Wellbeing City Priority Plan Priorities 2012/13 Quarter 3 (Appendix 1 refers)
- Adult Social Care Directorate Priorities and Indicators (Appendix 2 refers).

The following representatives were in attendance and responded to Members' queries and comments:-

- Councillor L Yeadon (Executive Board Member for Adult Social Services) – Leeds City Council
- Sandie Keene (Director of Adult Social Services) – Leeds City Council
- Stuart Cameron-Strickland (Head of Policy, Performance and Improvement) – Leeds City Council, Adult Social Services
- Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford and Leeds/Leeds City Council.

In summary, specific reference was made to the following areas:

- The need to make more headway on the smoking figures.  
*(The Joint Director of Public Health responded and confirmed that tobacco would be included in the Children and Young Peoples' Plan. Further work was being undertaken on smokeless tobacco and from 1<sup>st</sup> April 2013 the three Clinical Commissioning Groups would be addressing smoking cessation with a view to taking ownership of the issue. However tobacco would remain a top priority for the Board.)*
- Clarification of the role of people trained to be peer assessors.

*(The Joint Director of Public Health responded and agreed to come back on the timescale issues via the Principal Scrutiny Adviser.)*

- The need to avoid implementing more and more reviews and strategies in this area and to seek practical advice from other local authorities in this area.
- The need to target schools with a view to catching them young when discussing the dangers of tobacco smoking.
- Clarification of the total spend on smoking cessation.  
*(The Joint Director of Public Health responded and agreed to come back on the costings via the Principal Scrutiny Adviser.)*
- Clarification of how much was invested by the Council in tobacco firms in relation to the West Yorkshire Pensions Fund.
- Clarification of the data used in relation to Leeds being named 'Best City for Health and Wellbeing'.  
*(The Joint Director of Public Health responded and highlighted the delays in accessing data due to the changes within the NHS.)*
- To express concerns again that the gap was not narrowing.
- The need for the Board to acknowledge that poverty and children was a huge issue for the Board and of the fact that poverty had improved over the last 30 years.
- The need to acknowledge the importance of starting with a partnership approach to tackle inequality of health.
- Clarification of how the Board's recommendations made last year on fuel poverty and free school meals were being taken forward.
- Clarification as to why the target around helping people with poor physical or mental health to learn or relearn the skills for daily living was so poor.  
*(The Director of Adult Social Services responded and highlighted the measures in place to address this issue.)*
- Clarification of how routine the use of carbon monoxide was used in relation to training for midwives.  
*(The Joint Director of Public Health responded and agreed to come back on this issue via the Principal Scrutiny Adviser.)*

#### **RESOLVED –**

- a) That the contents of the report and appendices be noted.
- b) That this Board notes the Quarter 3 performance information and the issues which had been highlighted.

(Joy Fisher, Leeds LINK left the meeting at the conclusion of this item.)

### **100 Scrutiny Inquiry - Strategic Partnership Boards**

The Head of Scrutiny and Member Development submitted a report outlining the strengths and areas for development in relation to the Health and Well-being Board.



Appended to the report was a copy of a document entitled 'Review of Partnership Boards' prepared by the Shadow Health and Wellbeing Board for the information/comment of the meeting.

The following representatives were in attendance and responded to Members' queries and comments:

- Councillor Lisa Mulherin (Executive Board Member for Health and Wellbeing) Chair of Leeds' Shadow Health and Wellbeing Board
- Rob Kenyon (Head of Partnerships and Organisational Effectiveness) – Leeds City Council, Adult Social Services
- Dr Andy Harris, Leeds South and East Clinical Commissioning Group – Shadow Health and Wellbeing Board
- Susie Brown, Third Sector Leeds – Shadow Health and Wellbeing Board.

At the request of the Chair, the Executive Board Member for Health and Wellbeing and Chair of Leeds' Shadow Health and Wellbeing Board presented the report with specific reference to the membership of the Board and the proposals in place for the end of May when the new Board goes 'live'.

It was noted that the Shadow Health and Wellbeing Board was at a different stage of development to other Strategic Partnerships, with the key focus being on influencing commissioning and service delivery. It was also noted that health service providers were not represented on the shadow board.

An outline of the draft Health and Wellbeing Strategy was provided, to help demonstrate the joint working and planning that had taken place within the shadow board.

In summary, specific reference was made to a number of areas, including the following matters:

- The balance between preventative medicine and acute services.  
*(It was highlighted that the transfer of public health responsibilities to the Council provided significant opportunities to influence health outcomes – through a whole-council approach. One of the aims of the Health and Wellbeing Strategy was to raise aspirations within communities and to jointly address priority areas: a key focus being the wider determinants of health and wellbeing.)*
- Data sharing across the Leeds health economy and organisational boundaries.  
*(The role of Health Champions/ Area Leads was highlighted as offering important links into the overall Health and Wellbeing Strategy)*
- Clarification around the definition of 'Deprived Leeds' referred to within the report.  
*(It was clarified this referred to Medium Super Output Areas (MSOAs) – each with a population of around 7,000. Those MSOA's identified as being in the bottom 10% nationally were classed as representing 'Deprived Leeds'.)*

- The representative and advocacy role played by Third Sector Leeds as part of the membership of the (shadow) Health and Wellbeing Board.
- A pragmatic approach to demonstrating progress in priority areas highlighted in the draft Health and Wellbeing Strategy.
- The role and benefit of the Health and Wellbeing Board in helping to target resources effectively across the City.

**RESOLVED –**

- a) That the contents of the report and appendices be noted.
- b) That this Board takes specific note of the:
  - a. Context of the shadow board as a preparatory vehicle for the establishment of the statutory Health and Wellbeing Board from April 2013
  - b. Profile that the work of the board has received nationally and the influence it has had on shaping national guidance
  - c. Preparatory work undertaken in Leeds to ensure that the full Health and Wellbeing Board can move forward at pace with its statutory duties once it is formally established.
- c) That the Principal Scrutiny Adviser be requested to draft a paper incorporating Board Members comments with a view to presenting this to a future meeting of the Scrutiny Board for agreement.

(Councillor C Gruen left the meeting at 12.10pm during discussions of the above item.)

(Councillor S Bentley left the meeting at 12.15pm during discussions of the above item.)

(Councillor M Robinson left the meeting at 12.25pm during discussions of the above item.)

(Councillor J Walker left the meeting at 12.35pm during discussions of the above item.)

**101 Work Schedule - March 2013**

The Head of Scrutiny and Member Development submitted a report which presented the Scrutiny Board's outline schedule for the remainder of the current year.

Appended to the report were copies of the following documents for the information/comment of the meeting:

- Scrutiny Board (Health and Wellbeing and Social Care) 2012/13 Municipal Year – Work Schedule (Appendix 1 refers)

- Review of Children’s Congenital Cardiac Services – Copy of the High Court Full Judgement (Appendix 2 refers)
- “Save and Sustainable Review of Children’s Congenital Heart Services” – IRP Review – Letter from the Department of Health dated 15<sup>th</sup> March 2013 (Appendix 3 refers)
- Executive Board minutes of a meeting held on 13<sup>th</sup> March 2013 (Appendix 4 refers).

The Principal Scrutiny Adviser presented the report and responded to Members’ queries and comments.

In summary, specific reference was made to the following areas:

- The need for the Board to address the movement of services within the NHS.
- The need for the Board consider the role of the three Clinical Commissioning Groups and their respective commissioning plans.
- Discussion around Primary Care and the merits of undertaking an inquiry that considers access to primary care services (with particular reference to GP access times and access to pharmacy services.)
- Waiting times for minor injuries and Accident and Emergency.
- Further discussions about the development of Healthwatch Leeds.

The Principal Scrutiny Adviser made specific reference to the Scrutiny Board Working Group meeting on 12<sup>th</sup> April 2013 to consider the charging proposals.

Reference was also made to proposals around unplanned dental services in West Yorkshire with a provisional date of 15<sup>th</sup> April 2013 set aside for a Scrutiny Board Working Group to consider this issue. The Principal Scrutiny Adviser agreed to confirm these arrangements in due course, together with a requirement to convene an additional Scrutiny Board meeting in mid -May 2013.

In concluding his presentation, the Principal Scrutiny Adviser informed the meeting that there had been a delay in formulating the Dementia strategy and action plan.

**RESOLVED –**

- a) That the contents of the report and appendices be noted.
- b) That the Principal Scrutiny Adviser be requested to incorporate the above issues with the Board’s work schedule for April/May 2013.

(Councillor G Hussain left the meeting at 12.50pm during discussions of the above item)

**102 Date and Time of the Next Meeting**

Wednesday 24<sup>th</sup> April 2013 at 10.00am in the Civic Hall, Leeds  
(Pre meeting for Board Members at 9.30am)

(The meeting concluded at 12.55pm)